



**Statement of Contributions Received
at a Social or Fund-Raising Event**

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Robinson For Worthington				
Full Name of Contributor Ellen Scherer			Registration Number, if PAC	
Street Address 112 E New England Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.2017	Amount 25.00
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	
Full Name of Contributor James Ventresca			Registration Number, if PAC	
Street Address 72 E. Granville Rd	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.2017	Amount 50.00
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	
Full Name of Contributor Marianne Jurkowitz			Registration Number, if PAC	
Street Address 654 Hartford St	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.2017	Amount 35.00
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	
Full Name of Contributor Eric Gnezda			Registration Number, if PAC	
Street Address 218 Longfellow Ave	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.2017	Amount 50.00
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	
Full Name of Contributor Mary Winter			Registration Number, if PAC	
Street Address 6425 Evening St.	Employer/Occupation/Labor Organization*		Date (MM/DD/YYYY) 10.21.2017	Amount 50.00
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Form (Cash, Check, Etc) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
165.00

Total Expenditures This Event
165.00

Page Total \$ 210.00